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November 11, 2003

## VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Re:

Application No. 10/008,306

## Dear Honorable Commissioner:

Please find enclosed the Request for Withdrawal as Attorney or Agent and Change of Correspondence Address. I have also enclosed a stamped index card confirming receipt of the above document. Please return this card stamped "Received" to me after you have received it.

Respectfully,

GLASSMAN, EDWARDS, WADE

TODD B. MURRAH

TBM/lb **Enclosures** 

cc: Mark Hodes (w/encl.)

ALSO LICENSED IN MONTANA

<sup>&</sup>lt;sup>2</sup> ALSO LICENSED IN MISSISSIPPI

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 10/008,306        |
|------------------------|-------------------|
| Filing Date            | December 7, 2001  |
| First Named Inventor   | Hodes, Mark       |
| Art Unit               | 2876              |
| Examiner Name          | Tremblay, Mark S. |
| Attorney Docket Number | 023987.43009      |

| To: Commissioner fo<br>P.O. Box 1450<br>Alexandria, VA 22   |  |                             |                       |              |                |                                  |  |  |
|---|--|-----------------------------|-----------------------|--------------|----------------|----------------------------------|--|--|
| Please withdraw me  | as attorney or agent for the above   | identified                  | patent applicati      | on, ar       | nd             |                                  |  |  |
| X all the attorneys/agents of record.   |  |                             |                       |              |                |                                  |  |  |
| the attorneys/a   | gents (with registration numbers) lis  | sted on th                  | ne attached pape      | er(s),       | or             |                                  |  |  |
| the attorneys/agents associated with Customer Number  |  |                             |                       |              |                |                                  |  |  |
|   | can only be checked when the powers associated with a customer num                         |                             | ney of record in      | the a        | pplicatio      | n is to all the                  |  |  |
| The reasons for this request are:  Applicant has requested that I cease representing his interest relative to this Application. |  |                             |                       |              |                |                                  |  |  |
| CORRESPONDENCE ADDRESS  |  |                             |                       |              |                |                                  |  |  |
| 2. X Change the correction Customer Number:   | ence address is NOT affected by thi  |                             |                       | •            |                |                                  |  |  |
| OR  Firm or Individual Name Christopher Lamberson, Esq., Glankler Brown, PLIC   |  |                             |                       |              |                |                                  |  |  |
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| Country   | United States of America   |                             |                       |              |                |                                  |  |  |
| Telephone   | $\wedge$   |                             |                       | Fax          |                |                                  |  |  |
| Name / Todd B   | Murrah ()  |                             |                       |              | l              | <del></del>                      |  |  |
| Signature   | Munix  |                             | Registration No       | ·            |                | 35,622                           |  |  |
| Date Novemb   | Date November 4, 2003  |                             | Telephone No.         |              | (901) 527–4673 |                                  |  |  |
| NOTE: Withdrawal is effective who date of a time period for response  | en approved rather than when received. Unl<br>or possible extension period, the request to | ess there ar<br>withdraw is | e at least 30 days be | etween<br>d. | approval o     | of withdrawal and the expiration |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.